

Health,
Welfare
Public
Service

FILED JUL 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23780

STATE FILE NUMBER

Registration District No. 47

Primary Registration District No. 5158

Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bourbon Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Millersburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rfd 5 Fulton		Length of stay in lb 1 Wk		d. STREET ADDRESS (If outside, give location) 40		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Kirby Last Truitt Martin				4. DATE OF DEATH Month July Day 14 Year 1957			
5. SEX <input checked="" type="radio"/> Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 18, 1876	
9. AGE (In years last birthday) 80		10. FUNDING YEAR Months 8 Days 0 Hours 0 Min. 0		11. BIRTHPLACE (City and state or country) Callaway County Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during last few weeks of life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		13a. FATHER'S NAME Noah W. Martin		13b. MOTHER'S MAIDEN NAME Sally Jane Cheatham	
13c. NAME OF HUSBAND OR WIFE Annie E. Martin		14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		15. SOCIAL SECURITY NO. no		16. INFORMANT H.R. Martin	
17. ADDRESS RFD 4 Fulton Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221		INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 10-15 yrs.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 14, 1947 to July 14, 1957 and last saw him alive on June 24, 1957 . Death occurred at 6 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Lloyd E. Hutchins, M.D.				22b. ADDRESS Fulton, Missouri		22c. DATE SIGNED July 19, 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 16/57		23c. NAME OF CEMETERY OR CREMATORY Millersburg		23d. LOCATION (City, town, or country) (State) Millersburg Missouri	
24. FUNERAL DIRECTOR Maerpin Funeral Home		ADDRESS Fulton Mo.		25. DATE RECD. BY LOCAL REG. July 20, 1957		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

26
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

J. J. Ross

Licensed Embalmer No. 2535

P. O. Address *Fullerton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.